

1. PLACE OF DEATH:
 (a) County Mississippi
 (b) City or town Charleston, Rural
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
R#2, 1 mile N. of Charleston.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 years, months or days) 8 years

3. (a) PRINT FULL NAME Theodore Harris
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Lois Harris 6. (c) Age of husband or wife if alive 24 years
 7. Birth date of deceased May 11, 1907
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
39 7 18 hr. min.

9. Birthplace Sherman, Mississippi
 (City, town, or county) (State or foreign country)

10. Usual occupation Farm Laborer
Farming

11. Industry or business _____

12. Name James P. Harris

13. Birthplace Sardis, Mississippi
 (City, town, or county) (State or foreign country)

14. Maiden name Frances Mayfield
 (City, town, or county) (State or foreign country)

15. Birthplace Sherman, Mississippi
 (City, town, or county) (State or foreign country)

16. (a) Informant Frances Harris

(b) Address R#2, Charleston, Missouri.

17. (a) Burial (b) Date thereof 1-2-1947
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cemetery
Charleston, Missouri.

18. (a) Signature of funeral director Edward E. Renssler
 (b) Address Charleston, Missouri.

19. (a) 1-16-47 (b) Mrs. John Bondarout
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Mississippi
 (c) City or town Charleston, Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. R#2, 1 mile N. of Charleston
 (If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 29th
 year 1946 hour 7:40 minute 45 P.M.

21. I hereby certify that I attended the deceased from Oct. 4, 1946 to Dec. 29, 1946
 that I last saw him alive on Dec. 20, 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary hemorrhage Duration 1 day

Due to Pulmonary tuberculosis advanced 1 year

Due to _____
 Other conditions: _____
 (Include pregnancy within 3 months of death)

Major findings: _____
 Of operations: _____
 Of autopsy: _____

PHYSICIAN
 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) _____
 (c) Means of injury _____

23. Signature William L. Davis (M. D. or other) MD
 Address Charleston, Mo Date signed 1-3-47

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

RECEIVED

District Health Office No. 2,

District File Number 147-73

Date Filed 1-20-47

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Joe R. Nunnelee

Licensed Embalmer No. 4413

P. O. Address Charleston, W. Va.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.